



NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT

TYPE OF REPORT*

- Lab Seizure
 Chem/Glassware/Equip Seizure (Only)
 Dumpsite Seizure (Only)

I Reporting Office (An asterisk symbol (*) indicates a mandatory field)					
Seizure Date * (MMDDYYYY)		Agency *		ORI *	Agency City *
Agency State *	Case or File Number *		File Title	<input type="checkbox"/> Authorized Central Storage (ACS) Cleanup If yes, site ID:	
Reporting Officer/Agent Name * (Last, First)			Telephone Number * ()		COPNumber (DEA 'S' Number)
II Seizure Location* (Check one – put additional information in Remarks Section)					
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Family Dwelling	<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Other – Describe	
<input type="checkbox"/> Business	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> School/Univ.	<input type="checkbox"/> Vessel		
<input type="checkbox"/> Dumpster	<input type="checkbox"/> Open – No Structure	<input type="checkbox"/> Storage Facility			
III Seizure Neighborhood (Check most appropriate)					
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Public Land – Name	<input type="checkbox"/> Rural	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban	
<input type="checkbox"/> Other – Describe					
IV Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)					
<input type="checkbox"/> Under 2 oz.	<input type="checkbox"/> 2 – 8 oz.	<input type="checkbox"/> 9 oz. – 1 lb.	<input type="checkbox"/> 2 – 9 lbs	<input type="checkbox"/> 10 – 19 lbs.	<input type="checkbox"/> 20 lbs. or Greater
V Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)					
<input type="checkbox"/> Operational – Not in Production		<input type="checkbox"/> Abandoned		<input type="checkbox"/> Explosion/Fire	<input type="checkbox"/> Other – Describe:
<input type="checkbox"/> Operational – In Production		<input type="checkbox"/> Boxed/Dismantled			
VI Laboratory Type (Check all that apply)					
<input type="checkbox"/> Cocaine Conversion (Crack)	<input type="checkbox"/> Honey Oil/THC Extraction (liq)	<input type="checkbox"/> Methamphetamine (Meth)	<input type="checkbox"/> Methcathinone	<input type="checkbox"/> Other – Describe	
<input type="checkbox"/> Fentanyl	<input type="checkbox"/> LSD	<input type="checkbox"/> Meth/Ice Conversion	<input type="checkbox"/> PCP		
<input type="checkbox"/> GHB/GBL	<input type="checkbox"/> MDMA	<input type="checkbox"/> Meth/Reconstitution	<input type="checkbox"/> PSE Tablet Extraction		
VII Primary Methamphetamine Manufacturing Process (Required for Lab Seizure Report)					
<input type="checkbox"/> Pseudoephedrine/Phosphorus/Hydriodic Acid/Iodine Reduction		<input type="checkbox"/> P2P – Methylamine		<input type="checkbox"/> Other – Describe	
<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch)		<input type="checkbox"/> One Pot Method/Shake & Bake			
VIII THC Manufacturing Process					
<input type="checkbox"/> THC Extraction Chemical/Wet Method			<input type="checkbox"/> THC Extraction Dry Method		
IX Seizure/Laboratory Address					
Street#	Dir. (N., S., E., W., etc.)	Street Name	Suffix (St., Ave., etc.)	Unit # (Apt)	Box #
City		County*	State*	Zip Code	Latitude/Longitude
X Chemist and Cleanup Personnel					
Chemist on Site: <input type="checkbox"/> None <input type="checkbox"/> State/Local <input type="checkbox"/> DEA		Hazmat Contractor Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Hazmat Contractor:	Evaluation of Hazmat Contractor: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor** **(Provide details in Remarks Section)	
XI Persons Affected (Children are mandatory – indicate 0 when none were affected) (Check all that apply and indicate number)					
<input type="checkbox"/> Total Children Affected	#	<input type="checkbox"/> Child Injured	#	<input type="checkbox"/> Child Killed	#
<input type="checkbox"/> Law Enforcement Killed	#	<input type="checkbox"/> Subject Injured	#	<input type="checkbox"/> Subject Killed	#
Remarks (Describe How People were Injured or Killed):					
XII Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)					
Type (Handgun, Rifle, etc.)	Number	Serial No.	Description (Make, Model, & Caliber)		
	#				
	#				
Booby Trap – Describe:					

XIII Quantity of All Drugs Seized at Lab Site (Check all that apply/S pecify amount & unit of measure)											
<input type="checkbox"/>	Amphetamine			<input type="checkbox"/>	LSD			<input type="checkbox"/>	Methamphetamine		
<input type="checkbox"/>	Cocaine			<input type="checkbox"/>	Marijuana			<input type="checkbox"/>	Methcathinone		
<input type="checkbox"/>	Fentanyl			<input type="checkbox"/>	MDMA			<input type="checkbox"/>	PCP		
<input type="checkbox"/>	GHB/GBL										

XIV Subject Information											
Last Name (Paternal)			Last Name (Maternal)			First Name		Middle Name			
Alias/Moniker			Generation (Jr., Sr., etc.)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Race		Nationality (US, MX, etc.)		
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height		Weight (lbs)		Hair Color		Eye Color	
Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No											
Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Pager Phone Number: ()											

Subject Residence Information											
Street Number		Dir. (N., S., E., W., etc.)		Street Name				Unit # (Apt)		Box #	
City			County			State		Country		Zip Code	
Social Security Number						Driver License Number/State					
FBI Number						Alien Registration Number					
NADDIS Number						Other Numbers					

XV Remarks Section									
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Empty space for remarks									
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Technical Assistance: 915-760-2135			Internet: https://www.epic.gov			E-mail Address: CLS@epic.gov			Mailing Address: El Paso Intelligence Center ATIN: CLS 11339 SSG Sims Street El Paso, Texas 79918-8098		
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